

CERTIFICATE OF NEED  
FOR EMERGENCY ADMISSION UNDER TITLE 33, CHAPTER 6, PART 4,  
TENNESSEE CODE ANNOTATED

I, \_\_\_\_\_, of the County of \_\_\_\_\_,

State of Tennessee, **certify** that I personally examined \_\_\_\_\_

NAME OF PERSON EXAMINED

\_\_\_\_\_, 2\_\_\_\_\_.  
DATE

*(Check all that apply)*

I am a: \_\_\_\_\_ licensed physician, or  
\_\_\_\_\_ licensed psychologist designated as a health service provider, or  
\_\_\_\_\_ **one of the following certified professionals designated by Commissioner of DMHDD**  
\_\_\_\_\_ licensed psychological examiner,\* or  
\_\_\_\_\_ licensed senior psychological examiner,\* or  
\_\_\_\_\_ certified social worker with two years of mental health experience,\* or  
\_\_\_\_\_ licensed social worker,\* or  
\_\_\_\_\_ licensed or certified marital and family therapist,\* or  
\_\_\_\_\_ licensed professional counselor,\* or  
\_\_\_\_\_ licensed nurse with a masters degree in nursing who functions as a psychiatric nurse.\*

\*If the person is a licensed or certified professional designated by the Commissioner of the Department of Mental Health and Developmental Disabilities and the certificate supports emergency admission of an individual under the age of eighteen years, and the person's profession is other than a physician or psychologist, the person must have mental health experience with children.

In my professional opinion, based on my examination and the information provided, I **certify** that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tenn. Code Ann. because the person

1. has mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

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2. **AND,** poses an immediate substantial likelihood of serious harm because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

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3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

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4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person, **as shown by the following facts and reasoning:**

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- ☐ I am not a Commissioner-designated mandatory pre-screening agent, and I have completed this certificate because a mandatory pre-screening agent is not available in 2 hours
- AND**
- ☐ I have consulted the mental health crisis team serving my area and determined that all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person as indicated in #4 above.

I understand that a person “poses an immediate substantial likelihood of serious harm” IF AND ONLY IF:

1.     A.     The person has threatened or attempted suicide or to inflict serious bodily harm on such person, or  
       B.     The person has threatened or attempted homicide or other violent behavior, or  
       C.     The person has placed others in reasonable fear of violent behavior and serious physical harm to them,  
              or  
       D.     The person is unable to avoid severe impairment or injury from specific risks,
- AND**
2.     There is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

I conclude that this person is subject to admission to a hospital or treatment resource under Title 33, Chapter 6, Part 4, Tennessee Code Annotated.

SIGNATURE OF  
EXAMINING PROFESSIONAL \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

PHONE NUMBER \_\_\_\_\_